

Notification of RST Referral

Additional Guidance 8-30-13

The Regional Support Team (RST) will review your selection of services to assure you have received information about all options available to you, especially supports and services in the most integrated settings. The RST is composed of a variety of professionals with expertise serving individuals with developmental disabilities, including individuals with complex behavioral and medical needs. No action is required on your part. Any suggestions the RST offers will be shared with your support coordinator/case manager to be shared with you. If you would like an opportunity to speak with the RST, please let your support coordinator/case manager know.

Please complete the sections below so that the RST may confirm that you have been informed of all opportunities before making your choices.

Share and discuss the Community Residential Options brochure found on the DBHDS website with the individual/AR.

The following types of residential options were discussed with me (check all that apply):

- ☐ Own Home ☐ Leased Apartment ☐ Family Home ☐ Sponsored Home
☐ Group Home (4 or fewer) ☐ Group Home (5 or more) ☐ ICF
☐ Nursing Home ☐ Training Center ☐ Other: _____

All of the options of interest to the individual and family should be checked and discussed with the individual and family. Indicate the type(s) of home the individual wants to learn more about (e.g., group home, sponsored residential, own home/apt).

I selected the following options to interview & tour: _____

I have chosen to pursue _____

Indicate the type(s) of home the individual wants to pursue (e.g., group home, sponsored residential, own home/apt).

type of residential option.

The following types of employment/day options were discussed with me (check all that apply):

- ☐ Self Employment ☐ Individual Supported Employment ☐ Group Supported Employment
☐ Career Training/Education ☐ Prevocational Services ☐ Day Services
☐ Volunteer ☐ Retirement ☐ Other: _____

This should be completed with the type(s) of employment/day options the individual wants to learn more about (e.g., Supported Employment, volunteer work, group SE).

I selected the following options to interview & tour: _____

I have chosen to pursue _____

What type has the individual chosen? It should still be entered even if it is not available in the area where the individual wants to live.

Have you been offered the chance to talk with other individuals with ID in your community or with their family?

- ☐ Yes ☐ No

If No, Refer to Family Resource Consultant Betty Vines at 804-786-0618.

Were any of your preferred options unavailable? If so, which ones? _____

If a desired option is not available in the individual's community/location, please list.

Is there anything additional you would like to share with the Regional Support Team?

Referral to the RST does not stop someone from moving to their home of choice.

Individual _____

Date _____

Guardian or Authorized Representative (If applicable) _____

Date _____

This Document is used in conjunction with the RST Referral Form. A Signed Copy of this document should be kept in the individuals file.